## ------Voucher Instructions-----Voucher Request

Payee (to be paid to	o):				
1. Name & Addres.	S				
					Voucher Prepared
		·	Department	: Plannin	g, Bldg. & Development
Account #		Description	ın		Amount
Account Number		CDBG 3. Program N 4. Time Per 5. Detailed Desc	lame iod		6. Amount
Will Be Provided		Who? What? When? Why? Where? How Mucl			
	timesheets, pa	yroll register, g et explanations (a	to be attached incle eneral ledger, rece is necessary).		
			TO	ΓAL	7. \$ <i>Total</i>
STATE OF ILLINC LAKE COUNTY Certifies that the and	OIS) SS 9. You nexed amount aga re just and true, a amount claimed,	ur Agency  ainst the County of the services rene to wit:	Lake and the State of dered, or the articles	f Illinois, a	Claimant, and the several items were furnished as
is due and unpaid at 11. Date Signed	fter allowing all j	ust credits.			
Date Date		12. Signature (E. Signature of Claim		irector or Finance)	
Date For Office Use Only:			Signature of Clar	manı	
Project #:	Year:		Activity #:	V	oucher #:
Approved By:	ı cai .	Approved By:		Date Proce	